## 1 AGENCY REQUEST NO. STATE OF CALIFORNIA TELECOMMUNICATIONS SERVICE REQUEST (Attach additional information as needed) 2. DATE 3. REQUEST IS ☐ SERVICE EQUIPMENT (needs a Form 65) OTHER FOR: DEPARTMENT DIVISION, BUREAU, ETC. PERSON TO CONTACT FOR ACCESS 4. AGENCY INFORMATION TELEPHONE NO. E-MAIL ADDRESS FAX NO. ADDRESS OF PRESENT SERVICE (Include City, Zip Code, Room #'s) ADDRESS OF REQUESTED SERVICE (Include City, Zip Code, Room #'s) C60 Account Number BILLING ADDRESS (Include City, Zip Code, Room #s) TELEPHONE NUMBER(S) INVOLVED UTILITY PRIMARY BILL NO. REQUESTED DATE OF SERVICE GENERAL SERVICES AGENCY CODE Must complete Authorization to Order (ATO) to obtain eligibility prior to first Form 20 request ☐ STATE AGENCY NON-PROFIT & TAX -SUPPORTED LOCAL GOVERNMENT (i.e. city, county) 5. ELIGIBILITY FEDERAL ☐ JOINT POWERS AGREEMENT ■ BUSINESS SERVICE ☐ CENTREX SERVICE 6. CHECK TYPE **OF REQUEST** ☐ SINGLE LINE KEY SYSTEM ISDN (Integrated Services Digital Network) SINGLE LINE (s) (Describe in Section 7) ACD (Automatic Call Distribution) PBX TRUNKS LOCAL TOLL ☐ DATA SERVICE ☐ CALNET CALLING ☐ LONG DISTANCE CARD (Include TD-907) SERVICE **SERVICE** CELLULAR TELEPHONE OTHER (Please Describe) ☐ DGS-TD MASTER CONSULTING CONTRACT BRIEFLY DESCRIBE PRESENT SERVICE (Attach page as needed) BRIEFLY DESCRIBE SERVICE REQUESTED (Attach page as needed.) 7. ADDITIONAL **INFORMATION** SERVING UTILITY TOTAL COST OF REQUESTED SERVICE METHOD OF ACQUISITION RECURRING NON-RECURRING ☐ PURCHASE ☐ INSTALLMENT PURCHASE ☐ RENT ☐ OTHER (Describe) TELEPHONE NO. NAME (PLEASE PRINT) E-MAIL ADDRESS 8. CATR/ATR CALNET: **INFORMATION** ADDRESS CITY STATE ZIPCODE PUBLIC: TITI F DATE SIGNATURE "This request complies with SAM Chapter 4500, and state telecommunications policies."

\*SAM = State Administrative Manual \*STMM = State Telecommunications Management Manual

\*ATR = Agency Telecommunications Representative

STD. 20 Instructions